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PERSONAL AND CONFIDENTIAL

RE: Patent # 09/939,385
Patent # 10/704,308

To Commissioner of Patents:

6/22/05

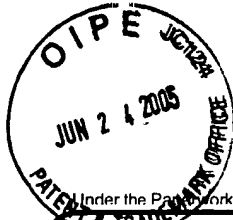
I have just become aware that my signature is online of several patent documents. I strongly believe this puts me at risk for identity theft. I am requesting that you immediately replace all of my written signatures online with **/Scott Levine/**. I should be afforded the same protection as electronic filers. Please contact me if you have any problems in processing my requests. I think you should review your policy about placing original signatures online in general.

Sincerely,

Scott Levine, MD

407-363-1515

7350 Sandlake Commons Blvd Ste 2215
ORLANDO FL 32819



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$) 50.00**Complete if Known**

Application Number	<u>09,939,385</u>
Filing Date	<u>8/24/2001</u>
First Named Inventor	<u>Scott Levine MD</u>
Examiner Name	<u>TRAVIS C. McIntosh III</u>
Art Unit	<u>1623</u>
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0		0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims 52 - 20 or HP 32 **Extra Claims** 2 **Fee (\$)** 25 **Fee Paid (\$)** 50

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 11 - 3 or HP 8 **Extra Claims** 0 **Fee (\$)** 0 **Fee Paid (\$)** 0

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)**SUBMITTED BY**

Signature	<u>Scott Levine</u>	Registration No. (Attorney/Agent)	Telephone <u>407-363-1515</u>
Name (Print/Type)	<u>Scott Levine</u>	Date	<u>6/22/05</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09,939,385	
	Filing Date	8/24/2001	
	First Named Inventor	SCOTT LEVINE MD	
	Art Unit	1623	
	Examiner Name	TRAVIS McIntosh III	
Total Number of Pages in This Submission	28	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks Applicant Requests Title Changes AS provided previously ULTRA-HIGH Fiber Supplement AND methods of Reducing Weight CARDIOVASCULAR RISKS, AND INGESTED TOXINS Applicant Respectfully Reminds Examiner A Divisional Patent 10/704308 11/10/2003 Art Unit 1624 is pending	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Scott Levine MD 7350 Sandlake Commons Blvd Ste 2215 ORLANDO FL 32819	
Signature		
Printed name	SCOTT LEVINE MD	
Date	6/22/05	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	SCOTT LEVINE MD	Date	6/22/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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In The United States Patent and Trademark Office

Application Number: 09/939,385

Filing Date 8/24/2001

Applicant SCOTT LEVINE MD

Application Title: Ultra-High Fiber Supplement And Methods Of Reducing Weight,
Cardiovascular Risks, And Ingested Toxins.

Examiner TRAVISS C. MCINTOSH III

Art Unit 1623

06/27/2005 EFLORES 00000063 09939385

01 FC:2202

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Mailed: June 22, 2005

At: Orlando Florida

Commissioner for Patents

Washington, DC 20231

AMENDMENT C

Sir:

In response to the Office action mailed 5/20/2005, please amend the above application as follows:

Title: Ultra-High Fiber Supplement And Methods Of Reducing Weight, Cardiovascular Risks,
And Ingested Toxins.

Specification: Previously amended as part of Amendment A and Amendment B.

Claims: Claims as follows:

~~06/27/2005 EFLORES 00000022 09939385~~

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